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"*NEC TENUI PENNÆ.*"

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THE CLIMATE-CURE.

The last remedial agent which a doctor adds to his repertory is usually the climatic one. In the first place, the text-books advised in college-circulars are as scant of comment on the subject as the professors' lectures. Who should treat of it? The chair of physiology has much to say of the atmosphere and its natural impurities. Although of recognized value in the cure of many ailments, teachers of therapeutics generally pass it by, perhaps in despair of explaining its effects and classifying them with regard to particular diseases. Professors of practice of medicine speak of it cursorily under different headings, mentioning "a suitable climate" as one among the remedies advised, without defining "suitable." However the responsibility is shifted, it rests at some one's door that graduates of medicine know so little of the efficacy of the localities whose meteorological condition is adapted to relieve particular unhealthy states of the body.

In the second place, the drift of systematic medicine is toward an exaggerated estimate of the value of pills and potions, to the neglect of the less explicable powers of the air. Hence it is that not till many disappointments have shaken his confidence in drugs, and forced him to look beyond pharmacy, that the doctor is prepared to fully appreciate the virtue of climate.

Doubtless much of the vaunted help due to climate is attributable to the rest and recreation which are concomitants of the

change. With his hopes directed to the viewless forces of the air, the invalid is benefited to a degree he does not dream of by new and amusing currents of thought, or by the drowsiness of travel that "knits up the raveled sleeve of care."

The steam-engine is civilizing and weakening its master, who must be ever "upon the drive." So promptly does our bountiful America reward well-directed and persistent effort that men of spirit are lured to a life of monotonous and needless toil, that saps the capacity for simple and wholesome pleasures. Our cities have become great as they are and unhappy as they are because thousands are wearing out the body and starving the soul in factories and offices. The Puritan element bursts forth every few years with some great organized effort through legislation to trample out the holiday freedom of the only day permitted for recreation, and to the courts the people on Sabbath-pleasure bent must appeal for the right to amuse themselves in their own way.

When the valetudinarian sets his face toward the health-resort he leaves behind him the "cares that infest the day." He goes to a community devoted to pleasure-seeking instead of money-grubbing, and soon feels the truth of the preacher's word that "a merry heart doeth good like a medicine." A round of harmless recreations fertilizes all the vital soil so nearly spent by too frequent cultivation and cropping.

These are the influences chiefly involved when we advise a change of air and scene. But there are others which in some cases count for even more than the vacation from labor. These are conditions of relative humidity and rainfall, of elevation and baro-

metric pressure, of temperature, of malaria, and of balsamic emanations. The consumptive is especially sensitive to meteorological conditions, so much so that we have grown to believe that, taken early, an arrest of the disease may be promised if the patient live much in the open air of a suitable climate.

No certain rule has yet been framed by which to determine in advance the best possible resort for each case. What will benefit one stage of the disease may hasten others. One consumptive is helped by the air of Colorado; another needs Santa Barbara; a third finds in Florida the remedy he seeks. One experiences relief only in the pine woods, others only in some sea-encircled island. The invalid should not despair of the climate-cure until he has tried several varieties of climate, not simply several localities.

In the summer, to avoid the debilitating effects of heat, invalids are urged to go north and in colder latitudes seek the other conditions of health. Few places promise more general benefit to the invalid from inland than the seaside; and better still, though like in kind, is the effect of island-life. There is great reason for the growing popularity of Block Island, Martha's Vineyard, Nantucket, Mount Desert, Nassau, and other islands beloved of summer tourists. The air is seldom still, never hot, and never laden with malaria. Pure as the very breath of heaven, it brings healing upon its wings. If the secret tonic be its density, heaviest at the sea-level, or its intensity represented by ozone or a trace of iodine, or simply the absence of the malarial and other exhalations of the land, we know not. This we know, that in her laboratory, whose walls are the blue deeps of the watery and of the skyey firmament, nature concocts a diviner air than that which blows from marsh or desert waste, or over dusty cities cloaked with visible impurities as with a garment. Every member of the body feels it and responds to it; the stomach in a whetted appetite and greater peptic activities, the liver and the bowels alike are prompted to their

functions, the lungs and the heart are in vigorous play, the muscles have a firmer tension, and the nervous system is poised at ease daytime and night; thinking or sleeping, the brain works well.

DILATATION OF THE ALÆ NASI.—H. Fly Smith (Lond. Lancet) has recently observed in the case of a suicide, whose trachea was severed so that communication through this channel with the head was cut off, that the alæ nasi worked regularly, dilating with each inspiration. This phenomenon is often seen in children whose lungs are congested, and also in certain cases of emotion where breathing is interfered with, as in sudden terror or anger. The writer suggests, as the case of the cut throat would seem to show, that it is purely a reflex act due to an obstructed state of the lung, and in this case useless.

We incline to the opinion that the phenomenon may find its explanation in physiological habit. Dilatation of the alæ nasi seems to be one of the natural auxiliary movements of respiration; and the nasal dilators, having been constantly coördinated with the other muscles concerned in these movements, can not suspend function so long as these muscles are called into action by conditions which lead to extraordinary respiratory effort.

Search in the coördinating center, and not in the lung, will probably reveal the cause of the phenomenon. After all it may be maintained that the movement is reflex; but this is true only in the sense that all respiratory effort is of a reflex character.

THE President's condition is critical. The parotid abscess is probably but the forerunner of many more, which may prove too great a drain for his wasted powers. The patient, his family, his surgeons, and attendants have our deepest sympathy. If the issue be death, the least that can be said is that they all have maintained a manful struggle with an inexorable fate.

Original.**A CASE OF ATROPIA-POISONING SUCCESSFULLY TREATED BY ESERINE.**

BY ANDREW SEARGENT, M.D.

Resident Physician, Louisville City Hospital.

Mr. R., aged thirty-four years, occupation saloon-keeper, on the evening of July 21, 1881, took by mistake half a grain sulphate atropia and three fourths of a grain sulphate of morphia immediately before eating supper, at 6:30 o'clock P.M. Soon afterward he discovered the mistake he had made, and went to the druggist who had filled the prescription. The druggist became alarmed and at once gave him thirty grains of pulv. ipecac and told him to consult a physician. He went to Dr. J. A. Brady, who started him with a friend to the City Hospital, with the instruction to take active exercise as long as possible. He arrived at the hospital at 8:15 P.M., unable to walk without assistance and exhibiting all the characteristic signs of atropia-poisoning. His pulse at this time was 120 and respiration 30. The emetic the druggist had administered having failed to produce emesis, I gave him thirty grains sulphate of zinc. Ten minutes later I gave him an ounce of mustard in a strong solution of common salt followed by warm water, given freely. This soon produced free emesis, but failed to improve his condition in the least. He grew rapidly worse, and soon became comatose; pulse 136; respiration 36; the exercise had to be discontinued. I sent a messenger for some eserine, not having any at hand, but administered one grain of sulphate morphia hypodermically at 9:10 o'clock P.M. This produced no change in his condition, and in about fifteen minutes he had a convulsion, which lasted for some time, during which there was very decided opisthotonos without any apparent rigidity of the extremities. At 9:40 o'clock P.M. his pulse was 140, respiration 9 to the minute, and very shallow. Dr. J. A. Brady, his family physician, whom I had sent for, having arrived, we held a brief consultation and decided to stimulate respiration by means of electricity, and to draw off the urine. Electricity was continued for an hour with only a slight improvement in his respiration, and in attempting to draw off the urine we found the bladder almost empty.

At 10:45 P.M. we obtained a solution of eserine and administered one sixteenth of a

grain hypodermically. In less than ten minutes his respiration and circulation began sensibly to improve. In fifteen minutes he was able to raise himself up, and asked for a drink of water, saying that he felt as bright as a new twenty-dollar gold piece. He now vomited quite freely, and walked to the ward assigned him, with a little assistance (11:15 P.M.).

At 1:30 o'clock A.M. I was called to see him, and found him comatose and oblivious to his surroundings. Pulse was 120, very weak, respiration 14, pupils as widely dilated as when first seen. I immediately gave him one twenty-fourth grain of eserine hypodermically. He began to improve at once, and in ten minutes was wide awake and perfectly rational. I again used the catheter but did not find any urine, although the patient thought his bladder was full.

Visited the patient at 6 o'clock A.M., July 22d, and found him sitting up and anxious to leave the hospital. Respiration deep and 18 to the minute; pulse regular and 96 to the minute; pupils still dilated, and mouth dry. Patient was unable to urinate.

I visited him again at 9:30 A.M. and found every thing normal except pupils which were slightly dilated. Patient had not urinated, and had no desire to do so. I then ordered an infusion of digitalis with acetate of potash, which soon produced free diuresis, and in due time the patient was discharged well.

LOUISVILLE.

Correspondence.**LONDON LETTER.***Editors Louisville Medical News:*

DEAR SIRS—I have seen many interesting operations performed here in the last few weeks. Most of them, however, were the usual operations made in the kind of cases treated, and may be found well described in any of the late works on the practice of surgery; but some of them, which are comparatively new, were interesting to me, and I hope may be so to some of the readers of your journal. A few of the most interesting I propose to briefly describe.

1. Operation for varicocele, made by Mr. D. Colley, at Guy's Hospital. The spermatic artery and vas deferens were carefully separated from the varicose veins, and an incision made with a bistoury through the skin just over the artery and vas deferens, a curved blunt needle fenestrated near the point was passed into the incision, and on under the

veins until its point pushed out the skin on the opposite side. An incision was then made down upon the end of the needle and it passed out; a catgut ligature was then passed through the eye of the needle which was withdrawn, carrying the ligature under the veins; after this the ligature was removed from the eye of the needle, and the needle passed again through the incision and on over the veins and out through the incision on the opposite side; the end of the ligature was then passed through the eye of the needle and the needle withdrawn, carrying the ligature over the veins and out through the incision, thus embracing the veins in the loop of the ligature, which was firmly tied, the knot cut short and pushed through the incision and under the skin. About an inch below this ligature another was applied in the same way, a piece of lint saturated with collodion was placed over the incision, and the antiseptic dressing applied. Mr. Colley said that he had had no experience with the operation; but that a surgeon in Edinburgh had made it often and with very good results.

2. Operation for subcutaneous nevus of the head, made by Mr. Lister, at King's College Hospital. The hair being removed from around the tumor, an incision was made on each side of it through the skin about half an inch from the border of the tumor; a blunt-pointed curved needle was passed into the incision upon one side of the tumor and on under its base and out through the incision on the other side of it; a catgut ligature then passed through the eye of the needle, the ligature doubled, and the needle withdrawn, carrying the double ligature under the tumor; the ligature was then cut to release the needle and the needle passed through the incision again and on around the border of the tumor and out through the incision on the opposite side, one of the ligatures passed through the eye, and the needle withdrawn, thus embracing one half of the tumor in the loop of the ligature. The other half of the tumor was then embraced with the other ligature in the same manner. The ends of the ligatures being brought out on opposite sides of the tumor, were firmly tied, the knots cut short, and pushed through the incisions and under the skin, and the antiseptic dressing applied.

3. Operation for hydrocele, by Mr. Lister. The anterior part of the scrotum, just above the testicle, was transfixed by passing two straight needles, three inches long, vertically from below upward, bringing out the points

two inches above their entrance and half an inch apart, embracing a section of the scrotum half an inch wide and two inches long. The scrotum was then incised with a bistoury, between the needles, the entire length of the section embraced, the fluid evacuated, and the free edges of the skin and tunica vaginalis brought together by several fine interrupted sutures. The vaginal sack was then injected with the carbolic-acid solution and the antiseptic dressing applied. He thinks the operation preferable to the old one by injection with iodine, being less liable to be followed by inflammation and suppuration. It very seldom fails to effect a radical cure.

4. An operation for genu valgum, by Mr. Howse, at Guy's Hospital. A transverse incision was made just above the external condyle of the femur, on the anterior and outer part of the thigh, about half an inch long and down to the bone, which was then divided by passing a very narrow saw into the incision and sawing the bone obliquely from above downward until it was cut nearly through; the saw was then withdrawn and the undivided part of the bone broken by forcibly pushing the thigh outward and at the same time pulling the leg inward. The leg was then put in proper shape and confined by splints and a bandage. I saw the leg four weeks after the operation and it was normal in shape and the bone apparently firmly united. He also operated for antero-lateral curvature of the tibia in the same way except in dividing the bone, which was done transversely at the point of greatest anterior curvature. This operation, in my opinion, is the best that has yet been done in such cases. It is of easy execution, unattended by danger, and accomplishes all that could be desired.

5. Operation for entropion of upper eyelid, known as "Burrows's operation." I am indebted to L. Webster Fox, M.D., one of the internes at the Royal London Ophthalmic Hospital, for the following description of the operation: "The eyelid is drawn down, the end of a horn spatula is placed on the lid, which is then everted over the spatula. This action exposes the under side of the lid, on which is generally seen a whitish line running parallel to the margin of the lid and about one line from it. The operator holding the spatula and lid in place with his left hand, an incision is then made completely through the tarsal cartilage, about a line and a half from its border, with a sharp-pointed knife; then the semi-blunt point of a pair

of scissors is inserted beneath the cartilage, which is completely severed from the inner to the outer canthus, always following the line above mentioned. The lid is then replaced, and in nearly every case the cilia will assume their proper position. When, however, the skin is very lax and the tarsal margin curves inward, a piece of skin may be removed from the lid by pinching a portion of it up with the forceps and removing it with scissors, the edges of the wound then brought together by fine sutures. The essential point in the operation is to keep the blade of the scissors parallel with the tarsal edge, so as to avoid making an oblique section of the cartilage. In obstinate cases a second or third operation may be performed if necessary, as no danger need be feared of a cicatrix or granulation forming." I saw the operation performed several times at the Royal London Ophthalmic Hospital by Messrs. John Cowper and George Lawson, and with better results than were obtained from any other operation for the relief of entropion I have ever witnessed.

The International Medical Congress promises to be quite a success, much the largest meeting ever held by the Congress.

LONDON, July 31, 1881. J. HALE, M.D.

ACUTE CYSTITIS TREATED WITH ERGOT.

Editors Louisville Medical News:

Some time ago I was called to see Mr. B., aged twenty-seven years, and found him suffering with a well-marked cystitis. After trying several commonly-used remedies without success, I resorted to fluid extract of ergot, in dram-doses three times daily, which made a rapid and complete cure. Since this time I have treated at least a dozen cases with this remedy, and it has in no instance failed to give a happy result.

I would be glad if other physicians would report their experience with the drug in the treatment of this troublesome disease.

WEST STATION, MISS. W. C. L., M.D.

[Dr. Bumstead recommends ergot in acute cystitis. His favorite prescription is—

R Vini ergotæ..... ʒiij;
Tinct. ferri chloridi..... ʒj.
M. Dose, a teaspoonful every six hours.]

CARBOLIC-ACID poisoning is too common. 'Tis time this deadly drug were banished from the sick-room.

Medical Societies.

THE INTERNATIONAL MEDICAL CONGRESS.

[From the London Times, August 4, 1881.]

FIRST DAY.

The seventh meeting of the International Medical Congress was formally opened, by His Royal Highness the Prince of Wales, in St. James's Hall, London, on Wednesday, August 3d, at 11 o'clock A.M. Nearly three thousand members of the Congress were present. It was the wish of the Queen, under whose patronage the Congress assembled, and the determination of the general committee, that no female representatives of medical science should be admitted to the Congress; and this determination was carried out notwithstanding the fact that a strong protest was made against it, and a request that the committee would reconsider its decision was presented, signed by forty-three duly qualified medical women.

The Prince of Wales on his arrival was received by Sir William Jenner, Sir William Gull, Sir James Paget, Mr. McCormack, and other members of the committee, and conducted to the platform. A little later the Crown Prince of Prussia entered and took a seat on the left of the chairman.

Sir William Jenner, K.C.B., President of the Royal College of Physicians, as chairman *ex officio* of the General Committee, took the chair until the president-elect of the Congress had been formally installed. In opening the proceedings Sir William Jenner offered the acknowledgments of the medical profession to the Prince of Wales for the support which His Royal Highness had accorded to the Congress, and then mentioned some of the objects which it was sought to promote by that international gathering.

Mr. McCormack, the honorary secretary-general, next read the report of the Executive Committee, in which, after a reference to the last meeting of the Congress at Amsterdam in 1879, the steps taken in arranging for the present sitting were related. In drawing attention to the fact that, with the exception of the honorary vice-presidents, all the gentlemen nominated for election as officers of the Congress belonged to this country, the committee pointed out that the task of organizing the Congress had been considerable, and that it was desirable that those engaged in the work should be readily and constantly accessible.

Some details of the work which had to be done may be interesting. An explanatory letter giving a short account of the nature of the undertaking had been sent to every practitioner in the United Kingdom and the colonies; notice of the intention to hold a Congress was given to all the universities and schools in North America, and to thirty-three hundred and five medical men in the various States; similar circulars, either in French, German, Italian, or Spanish, were forwarded to the universities, medical societies, and a large proportion of the medical men of France, Germany, Austria, Hungary, Italy, Spain, Portugal, Scandinavia, Russia, Turkey, South America, India, China, and Japan. Copies of the programme had been sent to two hundred and eight medical jour-

nals, and altogether more than one hundred and twenty thousand circular notices had been sent out. Letters to reigning sovereigns explaining the objects of the Congress had been graciously acknowledged.

After mentioning the obligation that the committee were under to Lord Granville for the assistance he had given them by communicating on the subject with Her Majesty's representatives abroad, the report gave the names of the following gentlemen who had been commissioned by their several Governments to attend the Congress and report its proceedings.

[Here follows a long list of names, many of them hard to pronounce and not a few the favorites of fortune and fame. Then came a list of those who had accepted invitations to be nominated as foreign vice-presidents, among whom we find Drs. Fordyce Barker and Austin Flint, of New York, Dr. Billings, of Washington, and Dr. Bigelow, of Boston—names of men who, having done so much honor to American medicine at home, might well be selected to represent it abroad.]

In addition to those legally qualified to practice medicine in their respective countries, a certain number of home and foreign pharmacists of distinction had been invited as extraordinary members, and also some eminent dentists and physiologists who were not medical men. A museum had been formed, and in addition to a collection of objects of great professional interest, there would, in connection with it, be a daily presentation of patients affected by different forms of disease. In commemoration of this great medical meeting a medal had been struck. Her Majesty the Queen had expressed her approval of this memorial, to the preparation of which some of our first artists had given their assistance.

Full information on the business of the Congress having been forwarded to all foreign countries, the result was a delegation of gentlemen from all the civilized countries of the world to the number of two thousand four hundred and fifty.

Sir J. Risdon Bennett, chairman of the Executive Committee, in moving the election of Sir Jas. Paget to be President of the Congress, and of the gentlemen nominated to fill various offices mentioned in the report, drew attention to the extensive literary work which had grown up in the preparation of abstracts of papers and communications to be read before sections of the Congress on the various branches of medical and surgical science.

Prof. Donders, of Utrecht, who was President of the Congress of 1879, congratulated those who had undertaken the organization of this meeting upon the success which had attended their efforts. He looked for valuable additions to medical science from their deliberations.

The resolution being carried, Sir W. Jenner presented to the Prince of Wales one of the commemorative medals, and Sir James Paget, amid loud cheering, took his seat as President of the Congress.

THE PRINCE OF WALES'S ADDRESS.

The Prince of Wales, who was greeted with loud cheers on rising to speak, said:

Sir James Paget, Your Imperial Highness, and Gentlemen—I gladly complied with the request that I should be patron of the International Med-

ical Congress of 1881, and among many reasons for so doing was my conviction that few things can tend more to the welfare of mankind than that educated men of all nations should from time to time meet together for the promotion of the branches of knowledge to which they devote themselves. The intercourse and the mutual esteem of nations have often been advanced by great international exhibitions, and I look back with pleasure to those with which I have been connected; but when conferences are held among those who in all parts of the world apply themselves to the study of science, even greater international benefits may, I think, be confidently anticipated; more especially in the study of medicine and surgery, for in these the effects of climate and of national habits must give to the practitioners of each nation opportunities, not only of acquiring knowledge, but of imparting it to those of their *confrères* whom they meet in Congress. I venture the opinion, gentlemen, that the executive committee has acted wisely in instituting sections for the discussion of a very wide range of subjects, including not only the sciences on which medical knowledge is founded, but many of its most practical applications; and I am very happy to see that so great scope will be granted for the discussion of important questions relating to public health, to the cure of the sick in hospitals and in the houses of the poor, and to the welfare of the army and navy. The devotion with which many members of the medical profession readily share the dangers of climate and the fatigues and dangers of war, and the many risks which must be encountered in the study of means, not only for the remedy, but for the prevention of disease, deserves the warmest acknowledgment from the public.

I have great satisfaction in believing, in seeing this crowded hall, that I may already regard the Congress as successful in having attracted a number never hitherto equalled of medical men from all parts of this kingdom, as well as from every country in Europe, from the United States, and from other parts of the world. The list of officers of the Congress, including as it does the names of those distinguished in every branch of medical science, shows how heartily the proposal to hold the meeting in London has been received. I think it speaks well for the good feeling of the profession that there should have been so warm a response to the invitations. How cordially the proposal has been received may be seen not only in the large number of visitors, but in the fact that they include a large proportion of those who enjoy a high reputation not only in their own countries, but throughout the world. I sincerely congratulate the reception committee on this good promise of complete success; and I trust that at the close of the Congress they will feel rewarded for the labor they have bestowed upon it. The report which the secretary-general, Mr. MacCormack, has read has explained how great have been his labors. He will hereafter be well repaid, and I am sure Mr. MacCormack is sensible that he will be recompensed even for his great exertions by the assurance that the progress of the important science of medicine has been materially promoted; for any addition to the knowledge of medicine must always be followed by an increase in the happiness of mankind. (Loud cheers.)

THE PRESIDENT'S ADDRESS.

Sir James Paget then delivered his inaugural address, a synopsis of which we quote from the New York Medical Record.

After referring to the composition of the Congress, the diverse characters of its members, and the various methods of study which had gained eminence for each, he dwelt upon the necessity of utilizing the apparent diversity of thought into a concentrated and harmonious whole. In works done by dissimilar and independent minds, dispersed in different fields of study, or only gathered into self-assorted groups, there was apt to be discord and great waste of power. There was, therefore, need that the workers should from time to time be brought to some consent and unity of purpose; that they should have opportunity for conference and mutual criticism, for mutual help and the tests of free discussion. This it was which, on the largest scale and most effectually, the Congress might achieve; not, indeed, by striving after a useless and happily impossible uniformity of mind or method, but by diminishing the lesser evil of waste and discord which was attached to the far greater good of diversity and independence. Now, as in numbers and variety the Congress might represent the whole multitude of workers every where dispersed, so in its gathering and concord it might represent a common consent that, though apart and different, yet the work was and should be essentially one; in all its parts mutually dependent, mutually helpful—in no part complete or self-sufficient. It might seem to be a denial of the declaration of unity that, after this general meeting the Congress should separate into sections more numerous than on any former occasion. He would speak of these sections to defend them; for some had maintained that, in such a division of studies, there was a mischievous dispersion of forces. He observed that the sections which we have instituted are only some of those which are already recognized, in many countries, in separate societies, each of which has its own place and rules of self-government, and its own literature. And the division had taken place naturally, in the course of events which could not be hindered. For the partial separation of medicine, first from the other natural sciences, and now into sections of its own, had been due to the increase of knowledge being far greater than the increase of individual mental power. He did not doubt that the average mental power constantly increased in the successive generations of all well-trained peoples; but it did not increase so fast as knowledge does, and thus, in every science, a small portion of the whole sum of knowledge had become as much as even a large mind can hold and duly cultivate. Many of us might, for practical life, have a fair acquaintance with many parts of our science, but none can hold it all; and for complete knowledge, or for research, or for safely thinking out beyond what was known, no one could hope for success unless by limiting himself within the few divisions of the science for which, by nature or by education, he was best fitted. Thus, the division into sections was only an instance of that division of labor which, in every prosperous nation, we see in every field of active life, and which was always justified by more work better done. Moreover, it could not be said that in any of our sections there

was not enough for a full, strong mind to do. If any one doubted this, he might try his own strength in the discussions of several of them. In truth, the fault of specialism was not in narrowness, but in the shallowness and the belief in self-sufficiency with which it was apt to be associated. If the field of any specialty in science was narrow, it could be dug deeply. In science, as in mining, a very narrow shaft, if only it be carried deep enough, might reach the richest stores of wealth, and find use for all the appliances of scientific art. Not in medicine alone, but in every department of knowledge, some of the grandest results of research and of learning, broad and deep, were to be found in monographs on subjects that, to the common mind, seemed small and trivial.

Study in such a Congress might be a useful remedy for self-sufficiency. Here every group might find a rare occasion, not only for an opportune assertion of the supreme excellence of its own range and mode of study, but for the observation of the work of every other. Each section might show that its own facts must be deemed sure, and that by them every suggestion from without must be tested; but each might learn to doubt every inference of its own which was not consistent with the facts or reasonable beliefs of others; each might observe how much there was in the knowledge of others which should be mingled with its own; and the sum of all might be the wholesome conviction of all, that we can not justly estimate the value of a doctrine in one part of our science till it has been tried in many or in all. The test of truth in every part should be in the patient and impartial trial of its adjustment with what was true in every other. For every fact in science, wherever gathered, had not only a present value, which we might be able to estimate, but a living and germinal power, of which none could guess the issue. It would be difficult to think of any thing that seemed less likely to acquire practical utility than those researches of the few naturalists who, from Leeuwenhoeck to Ehrenberg, had studied the most minute of living things, *Vibronidæ*. Men boasting themselves as practical might ask, "What good can come of it?" Time and scientific industry had answered, "This good: those researches had given a truer form to one of the most important practical doctrines of organic chemistry; they had introduced a great beneficial change in the most practical part of surgery; they were leading to one as great in the practice of medicine; they concerned the highest interests of agriculture, and their power is not yet exhausted." And as practical men were, in this instance, incompetent judges of the value of scientific facts, so were men of science at fault when they missed the discovery of anesthetics. Year after year the influence of laughing-gas and of ether were shown: the one fell to the level of the wonders displayed by the itinerant lecturers; students made fun with the other. They were the merest practical men, men looking for nothing but what might be straightway useful, who made the great discovery which had borne fruit not only in the mitigation of suffering, but in a wide range of physiological science.

The history of science had many similar facts, and they might teach that any man would be both wise and dutiful if he would patiently and thoughtfully do the best he could in the field of work in

which, whether by choice or chance, his lot had been cast.

The best work of the International Congress was in the clearing and strengthening of the knowledge of realities; in bringing, year after year, all its force of numbers and varieties of minds to press forward the demonstration and diffusion of truth as nearly to completion as might from year to year be possible. Thus chiefly the Congress might maintain and invigorate the life of our science. And the progress of science must be as that of life. It sounded well to speak of the temple of science and of building and crowning the edifice. But the body of science was not as any dead thing of human work, however beautiful; it was as something living, capable of development and a better growth in every part. For as in all life the attainment of the highest condition was only possible through the timely passing-by of the less good, that it might be replaced by the better, so was it in science. As time passed, that which seemed true and was very good became relatively imperfect truth, and the truth more nearly perfect took its place. In the certainty of this progress the great question was, What should we contribute to it? It would not be easy to match the recent past. The advance of medical knowledge within one's memory was amazing, whether reckoned in the wonders of the science not yet applied or in practical results in the general lengthening of life, or, which was still better, in the prevention and decrease of pain and misery, and in the increase of working power.

He could not count or recount all that in this time had been done; and he supposed there were very few, if any, who could justly tell whether the progress of medicine had been equal to that of any other great branch of knowledge during the same time. He believed it had been; he knew that the same rate of progress could not be maintained without the constant and wise work of thousands of good intellects; and the mere maintenance of the same rate was not enough, for the rate of the progress of science should constantly increase. That in the last fifty years was at least twice as great as that in the previous fifty. What would be in the next, or, for a more useful question, What should we contribute to it?

"In the number and intensity of the questions brought before us," said he, "we may see something of responsibility. If we could gather into thought the amounts of misery or happiness, of helplessness or of power for work, which may depend on the answers to all the questions that will come before us, this might be a measure of our responsibility. But we can not count it; let us imagine it; we can not even in imagination exaggerate it. Let us bear it always in our mind, and remind ourselves that our responsibility will constantly increase. For as men become in the best sense better educated, and the influence of scientific knowledge upon their moral and social state increases, so among all sciences there is none of which the influence and, therefore, the responsibility will increase more than ours; because none more intimately concerns man's happiness and working power.

"But more clearly in the recollection of the Congress, we may be reminded that in our science there may be, or rather there really is, a complete community of interest among men of all nations.

On all the questions before us we can differ, discuss, dispute, and stand in earnest rivalry; but all consistently with friendship, all with readiness to wait patiently till more knowledge shall decide which is in the right. Let us resolutely hold to this when we are apart; let our internationality be a clear abiding sentiment, to be, as now, declared and celebrated at the appointed times, but never to be forgotten; we may, perhaps, help to gain a new honor for science, if we thus suggest that in many more things, if they were as deeply and dispassionately studied, there might be found the same complete identity of international interests as in ours.

"And then let us always remind ourselves of the nobility of our calling. I dare to claim for it, that among all the sciences, ours, in the pursuit and use of truth, offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, utility, and charity. These three, which are sometimes in so lamentable disunion, as in the attractions of novelty without either utility or charity, or in researches so combined that, unless by force or willful wrong, they can hardly be put asunder. And each of them is admirable in its kind. For in every search for truth we can not only exercise curiosity, and have the delight—the really elemental happiness—of watching the unveiling of a mystery, but, on the way to truth, if we look well round us, we shall see that we are passing among wonders more than the eye or mind can fully apprehend. And as one of the perfections of nature is that, in all her works, wonder is harmonized with utility, so is it with our science. In every truth attained there is utility, either at hand or among the certainties of the future. And this utility is not selfish; it is not in any degree correlative with money-making; it may generally be estimated in the welfare of others better than in our own. Some of us may, indeed, make money and grow rich; but many of those that minister even to the follies and vices of mankind can make much more money than we. In all things costly and vainglorious they would far surpass us if we would compete with them. We had better not compete where wealth is the highest evidence of success; we can compete with the world in the nobler ambition of being counted among the learned and the good who strive to make the future better and happier than the past. And to this we shall attain if we will remind ourselves that, as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth utility, so in every use of it there may be charity. I do not mean only the charity which is in hospitals or in the service of the poor, great as is the privilege of our calling in that we may be its chief ministers; but that wider charity which is practiced in a constant sympathy and gentleness, in patience and self-devotion. And it is surely fair to hold that, as in every search for knowledge we may strengthen our intellectual power, so in every practical employment of it we may, if we will, improve our moral nature; we may obey the whole law of Christian love, we may illustrate the highest induction of scientific philanthropy.

"Let us, then, resolve to devote ourselves to the promotion of the whole science, art, and charity of medicine. Let this resolve be to us as a vow of brotherhood; and may God help us in our work."

The Congress then resolved itself into its various sections.

PROF. VIRCHOW.

At a general meeting held in St. James's Hall in the afternoon. Sir James Paget in the chair, Prof. Virchow, of Berlin, delivered, in German, an address on the Value of Pathological Experiment. Prof. Virchow's address was an able and learned defense of vivisection. It lasted over an hour, was marked by many gleams of humor and passages of eloquence, and evoked much applause. At its close the learned professor pleaded that vivisectionists should not be regarded as heartless barbarians, but as men who were working to promote the welfare of humanity. Of science it might be said as Bacon said of the sun—"Palatia et cloacas ingreditur, neque tamen polluitur."

On the motion of Sir J. Paget, a cordial vote of thanks was accorded to Professor Virchow for his address.

WORK IN THE SECTIONS.

The various sections met and organized at 3 P.M., when most of the addresses by the respective presidents were delivered, after which the subjects set down for the day were presented.

These meetings were held for the most part at Burlington House and in various rooms in the neighborhood. Anatomy was presided over by Prof. W. H. Flower, Physiology by Dr. Michael Foster, Pathology and Morbid Anatomy by Dr. S. Wilks, Medicine by Sir W. Gull, Diseases of the Throat by Dr. G. Johnson, Surgery by Mr. J. Eric Erichsen, Obstetric Medicine and Surgery by Dr. A. McClinton, Diseases of Children by Dr. West, Mental Diseases by Dr. Lockhart Robertson, Diseases of the Ear by Mr. W. B. Dalby, Diseases of the Skin by Mr. Erasmus Wilson, Diseases of the Teeth by Mr. Edwin Saunders, State Medicine by Mr. J. Simon, Military Surgery and Medicine by Prof. T. Longmore, Materia Medica and Pharmacology by Prof. T. R. Fraser, and Ophthalmology by Mr. Bowman.

In section on Anatomy, John Struthers, M.D., of Aberdeen, gave a paper on The Processus Supracoracoides Humeri of Man, while Dr. Facsebeck, of Brunswick, devoted himself to the motor portion of the trigeminal nerve.

In the section on Pathology and Morbid Anatomy, Prof. Klebs, of Prague, discussed the relations of minute organisms to certain specific diseases, Dr. H. Vandyke Carter taking up a special branch of the same subject in the aspects of the blood spirillum in relapsing fever.

In the section on Medicine, C. E. Brown-Séquard dealt with localization of diseases in the brain and spinal cord so far as pathognomonic and diagnostic, and Dr. J. Hughlings Jackson, F.R.S., discussed epileptic convulsions from cerebral disease.

In the Surgical Section a commencement was made by Mr. Spencer Wells, who described recent advances in the surgical treatment of intraperitoneal tumors. Mr. Lawson Tait went into the question of recent advances in abdominal surgery.

THE CONVERSAZIONE.

In the evening a *conversazione* was given by the English members to the foreign members at South Kensington Museum. This was attended by more than five thousand persons, but there was abun-

dant accommodation for even this large number, in the spacious courts, picture galleries, and garden. The Prince of Wales and his illustrious brother-in-law honored the Congress by attending this soiree and by staying a considerable time.

And thus ended a day marked by gatherings unique in character and interest, and it is no exaggeration to say that the most captious critic would fail to detect a single failure of the arrangements at any point.

Formulary.

ANTISEPTIC STIMULATION IN TYPHOID.

Prof. Bouchard (*Le Courr. Méd.*, May 7th) recommends that stimulants used in typhoid fever should be mixed with antiseptic substances, in order to prevent purulent infection from the intestinal lesions. He uses the following:

Rum.....	fl. 3 ix;	270.00 fl. Gm.;
Creasote.....	gtt. ij;	0.12 "
Phenic acid.....	gr. iv;	0.24 Gm.;
Salicylic acid.....	gr. xv;	1.00 "

M. Sig. Small quantities of this or a similar antiseptic stimulant may be given as required.—*Mich. Med. News.*

VOMITING IN PREGNANCY.

Dr. J. S. Forwood (Med. and Surg. Reporter, July 10th) during twelve years' practice has treated two hundred or more cases of morning sickness with an infusion of calumba, ginger, and senna, and asserts that this combination is as much a specific in pregnancy vomiting as quinine is in intermittent fever. His formula is—

R Rad. calumbæ contus...	} aa 3 ss;	15.00 Gm.;
Rad. zingiberis.....		
Fol. sennæ.....	3 j;	30.00 "
Aquæ bullient.....	℥j;	473.00 "

M. ft. infus. Sig. Wineglassful before each meal.—*Henry Gibbons, jr., M.D., in Pacific Medical and Surgical Journal.*

TREATMENT OF TINEA TONSURANS.

Tinea tonsurans—or, as it is frequently improperly called, herpes tonsurans—ought always to be designated by the term trichophyton, from the name of the parasite which produces the affection. This disease is frequently of so long a duration, and the course of treatment is so protracted, that the practitioner is in many cases under the necessity of changing the remedies employed, and for this reason should be acquainted with the various methods of treatment in common use. In selecting the most appropriate remedies it should be borne in mind that tinea tonsurans nearly always terminates in a spontaneous cure, and those substances which are likely to lead to alopecia or cicatrices should therefore be avoided. M. Besnier employs the following ointment:

Vaselin.....	3 xij;	48.00 Gm.;
Boric acid.....	gr. xv;	1.00 "
Flowers of sulphur.....	gr. xv;	1.00 "

F. ungt.

The head is to be first shaved, and the ointment is to be applied night and morning to the scalp.—*Le Progrès Méd.; London Practitioner.*

Miscellany.

TREATMENT OF CONSUMPTIVES BY CAUSING THEM TO BREATHE AN ANTISEPTIC ATMOSPHERE—THE "WILDERNESS CURE" FOR CONSUMPTION.—Jules Tukeman, M.D., M.A., of New York, in a letter to St. Louis Courier of Medicine, states that the method of treating consumption through direct assault upon the local destructive process in the lung itself, by means of insufflation and atomization has not yielded satisfactory results. The present method of treatment practiced in the East is based upon the rational theory of causing the patient to respire, as continuously as possible, an antiseptic atmosphere. Creasote has proved most serviceable as an agent for this purpose; carbolic acid has also been used.

The theory, not a new one, has been revived by Schueler and Griefswald, who found that animals, rendered artificially tuberculous, were cured by being made to inhale vaporized creasote-water for lengthened periods of time. The opinion is rational, because by continued inhalation alone can the affected portions of the lung be so reached as to be benefited by the medicine employed.

Referring to the "wilderness cure" for consumptives, by Marc Cook, the writer calls it "one of those unfortunate outpourings of an enthusiast who is bound to thrust his remedy down the throats of his fellow sufferers without regard to their pathological condition or individual predisposition." The author, who is a reporter and a smooth writer, "took his shattered and cavity-adorned lung to the Adirondacks, and has been cured."

The New York Medical Record predicted that evil would result from his highly-colored article, as published in Harper's, on the Adirondacks as a health-resort. A crowd of consumptives started for the St. Regis region, and as a testimony to the truth of the prophecy, already fourteen persons have died in the mountains or on their way there during the month of June. Bad accommodations, bad food, fatigue attendant on a journey ill advised, and that unspeakable depression of spirits which must follow when the sufferer compares these unwelcome surroundings with the comfortable home and kind and attentive friends which he has left behind him are sufficient to counteract any good that might otherwise be derived from cooler temperature and purer air.

It seems that Marc Cook did not receive

the benefit that his sojourn in the mountains promised; for the editor of the St. Louis Courier of Medicine states that he has died of consumption since Dr. Tukeman's letter was written; "a fact which may dampen the ardor of those who would seek the St. Regis region as a cure for that disease."

COMPLETE RUPTURE OF THE PERINEUM WITH SPONTANEOUS UNION.—Dr. J. H. Radford, in the Canada Journal of Medical Sciences, reports a case which very nearly sustains the claims of the above title. The patient, aged thirty-five, a primipara with a small pelvis, came into labor on May 18th. Her pains were regular at first but had diminished by the time the os had dilated to its full size, when an enema was given followed by ergot in two separate doses. After this the pains returned with vigor, and spite of all efforts to prevent it the perineum gave way, being torn through the sphincter ani. The labor lasted for a period of ten hours. The parts were washed, two silver-wire sutures were introduced, the knees tied together, and the patient placed upon one side, which position was maintained. The bowels were kept at rest for ten days by means of morphia, and the urine drawn off twice daily for the first week, after which time the patient was herself able to void it, lying face downward. The vagina was washed out twice daily with carbolized water. On the tenth day an enema was given and the feces broken up by means of forceps. She got an enema daily for the five days following. About the thirteenth day the sutures were removed and the union found complete. The diet was fluid exclusively.

Dr. Radford thinks that the results obtained in this case should go far toward deciding the question of immediate operation in ruptured perineum, and remarks that if even one in twenty succeeds it will save much needless pain and suffering to the unfortunate victims of this accident.

QUININE AMAUROSIS.—The characteristic features are: 1. Total blindness after taking a large quantity of quinine; 2. Pallor of the optic disks; 3. Marked diminution of the retinal blood-vessels, in number as well as in size; 4. Contraction of the field of vision. The total blindness is only temporary. Relapses appear to occur, and from comparatively insignificant doses. Horizontal position seems to be beneficial.—*Knapp, Archives of Ophthalmology; Maryland Med. Journal.*

CHIAN TURPENTINE.—This new drug, it seems, has been tried and found wanting; nevertheless we occasionally see reports like the following, which should encourage physicians to give it an impartial trial before remanding to the list of medicines which have had "their day and ceased to be." Dr. John Binnie (*Therapeutic Gazette*) reports a case of cancer of the mouth in a woman who used the emulsion of chian turpentine, and found, after a few pounds of this had been taken, that it removed fetor, relieved pain, reduced the swelling, improved the appetite, and appeared in every way so much to benefit the patient that high hopes were entertained of her recovery. After a time, however, the drug became very distasteful to the patient, and had to be discontinued on account of the gastric disturbance it produced. Though the disease in this case is perhaps past cure, Dr. Binnie thinks that the chian turpentine should be perseveringly administered in cancer, for there can be no doubt that in this case at least it exerted a direct influence over the morbid process.

FATAL POISONING FROM CARBOLIC ACID. Dr. Chew, before the Baltimore Academy of Medicine, reported the case of a druggist who took by mistake half an ounce of pure carbolic acid. A stomach-pump and emetics were resorted to about a quarter of an hour after the accident, but there was no vomiting. The patient was pulseless and comatose for several hours, then rallied and lived five days. Symptoms of blood poisoning were present. The patient died from asthenia. The urine (examined upon the second day) presented nothing abnormal. Swallowing was possible upon the day of death, although accompanied with pain. Three weeks after death the body, which had been placed in a vault, was in a state of complete preservation, without the least odor or sign of decomposition.—*Maryland Med. Journal*.

A "HOLE" THAT SHOULD BE STOPPED.—"James M. Hole, M.D.," of Salem, Ohio, contributes to the *New York Medical Tribune* (Eclectic) a scandalous libel upon Dr. Dewees and other practitioners now in their graves, in regard to their method of treating fevers. We wonder that the editors of eclectic journals do not, in the interest of their sect, exclude from their columns such mendacious slang. They should shut up such filthy holes.—*Pacific Medical and Surgical Journal*.

Selections.

Some Cases which Illustrate the Diagnosis of Fatty Heart proper.—J. Milner Fothergill (London Practitioner):

In November last I saw, in consultation with Dr. A. Brown, of Kentish Town, a gentleman of sixty years of age who had had one very severe attack of cardiac dyspnea. He had largely recovered but still was breathless on any exertion. He had a good and steady pulse, with hard arteries—indeed all the associations of the fatty decay of "failing hypertrophy." He had a massive chest (was a well-known public lecturer), and it was impossible to map out by percussion the precise size of the heart, or to ascertain by that means if there were any dilatation of the right ventricle. But as our knowledge advances we find that from disturbance of physiological function, carefully considered and read aright, we can calculate what anatomical change can not tell us. Any change in size or form of the right ventricle could not be noticed if it existed; but from the general associations of the cardiac failure it seemed almost certain that the structural integrity of the right ventricle had become impaired. This I estimated from the severe dyspnea, out of proportion to the effort which provoked it, and the resultant ready breathlessness from slight cause. Consequently I gave a grave prognosis, though the patient looked well and hale for his years, and felt very well so long as he kept quiet; and the first sound, produced mainly by the left ventricle, was good. We forbade him to leave the house till Christmas, and advised him to cancel all his lecturing engagements whatever till we thought he might resume them. He never saw Christmas. Feeling very well he went into the city on some business, one day in the middle of December, and returned home feeling very nicely and quite hopeful as to his future. In the evening he went into the water-closet, and in the effort of emptying his bowels died there and then.

Here the suspicions as to the right ventricle being unsound were strongly confirmed by the sequel of the case. Probably there was an atheromatous growth blocking up the right coronary artery and so impairing the nutrition. The patient had a grand physique, a good radial pulse, and a very fair first sound. The grave prognosis, then, was founded not on evidence furnished by physical examination, but by careful estimation of the disturbance of function. The result demonstrated that the estimate was a correct one.

The following case, on the other hand, is instructive as illustrating how a case of the gravest aspect may do better than anticipated.

Mr. A., aged forty-eight, but looking much older, had a distinct arcus senilis. He had been seen by the late Dr. Murchison three years ago, who found then nothing organically wrong. He took rest and improved somewhat. He came to me because, as he explained, his then medical advisers "lacked decision" in their treatment. He then had cardiac irregularity with dyspnea without as well as upon effort, including attacks which awakened him in the middle of the night. There was distinct cardiac dilatation, and crops of petechiae showing vasomotor enfeeblement. There was much restlessness from difficulty of breathing. The case seemed one of failure from fatty degeneration. A month later he was calmer and quieter; the dyspnea was relieved (the night attacks had disappeared entirely), but it was readily

provoked by annoyance or mental worry. Then he worked too much and the dyspnea and restlessness returned. Nine weeks later he looked nicely, had gained weight, and the dyspnea had again vanished. The heart's action was nearly rhythmical. Six weeks later the pulse was regular, the heart's action steady, the dyspnea gone, and he could walk up stairs without inducing it; pulse 75; respiration 21. His appearance is much improved.

Now the progress of this case is instructive, and suggests a better prognosis than was given. There has been distinct improvement all round. The action of the heart is much better and the first sound is louder. Here there may have been little organic decay, or there may be a development of new muscular fibrillæ within the sarcolemma of the decayed fibers. We know that such repair is common and indeed quite usual after fevers, where the muscular structure of the heart is extensively fatty degenerate; yet repair takes place by development of these embryonic fibrillæ, taking the place of the old fibers which have undergone fatty necrosis. The gentleman's nutrition generally, and his tissue-nutrition in the heart itself especially, was much impaired and the assimilative organs needed the greatest attention. The liver was enlarged and the urine contained lithates. The improvement in the general nutrition has been followed by improved tissue-nutrition, including that of the heart; and the case altogether is most instructive. It suggests the idea that "heart-starvation" may be found along with a group of associations most suggestive of fatty degeneration. The progress of the case will be watched with the deepest interest, as several similar cases are doing better than could have been expected, if the present existing views are sound as to the non-repair of the fatty heart. The late Waburton Begbie thought repair was attainable in certain cases, and my recent experience inclines me to his views; but success depends less on therapeutic remedies employed than upon a suitable dietary providing pabulum for the development of new fibrillæ in the place of the effete old ones.

A case of most severe heart-failure following typhoid fever was seen by me lately along with Dr. L. Brunton, F.R.S., and Dr. Mitchell Bruce. Some eighteen months ago this gentleman, a provincial physician, caught typhoid fever, which ran an ordinary course, but left him with the gravest impairment of his heart. Continuous perfect rest in bed had not been sufficiently decisively insisted upon at the first and the improvement was slow. However, the prolonged syncopal attacks have disappeared, the heart is recovering its vigor, and repair by the development of embryonic fibrillæ within the sarcolemma seems progressing favorably. This repair of heart-muscle undergoing fatty degeneration in typhoid fever has been made generally known by the work of Rindfleisch, and gives us the most gratifying encouragement to treat such cases according to our late physiological lights.

It is most important to discriminate between the "fatty heart" and "heart-starvation." Each is the outcome of malnutrition; but one is a perfectly curable disease, whereas fatty degeneration with atheromatous arteries generally, and the coronary arteries especially, is a truly senile change, which carries with it the very gravest prognosis.

Leprosy in Louisiana.—The annual report of the Louisiana Board of Health for 1880, just issued, contains a detailed statement of the progress of the

Asiatic leprosy in that State during the last century. It was brought, in 1680, to the West Indies by the negro slaves and thence to Louisiana. In 1778 this disease was so prevalent among the blacks, together with the African elephantiasis, and another equally horrible, named yaws, peculiar to Guinea negroes, that a hospital for lepers was established in New Orleans. At the present time the majority of lepers in that city are found to be whites of French, German, and Russian extraction. The disease seems to be hereditary, and certain families are known to be infected by it, and are shunned as corpses would be, could they walk and move about, spreading the contagion of death. The mother of one of these families, when the disease showed itself, was deserted by husband and children, and nursed until her death by a young girl, who is now a victim to it. An Italian Catholic priest who attended cases of leprosy in the Charity Hospital is now dying of it in the same hospital. New Orleans, it appears, now has no separate asylum for these incurable patients, and they are taken into the Charity Hospital and placed in the crowded wards to scatter death.

Dr. Joseph Jones, the President of the Board of Health, has made a personal investigation into the extent of this disease, even venturing into the deathly swamps of the lower Bayou Lafourche. This entire district, he says, is several feet lower than the turbid bayou, sloping back into cypress swamps liable to constant overflow from crevasses. The poor Creole inhabitants live in low huts surrounded by wet rice-fields, living upon fish and fish-eating birds. They are separated from the rest of the world and have intermarried for generations. So impregnated with disease is this remote region that some of the exploring party were struck down, on reaching it, with violent hemorrhages and fever. Of all foul corners of the world it is the fittest for the disease most dreaded by man since the beginning of the world to hide with its prey. Below Harang's canal, President Jones found Asiatic leprosy existing in different generations of six families. Some of these wretched creatures have been driven out from human habitation, and are living apart in the swamps and dying of decay. In some instances their flesh had become as insensible as bone, and they were able to handle fire with impunity.

It was impossible to make a correct estimate of their numbers, as a rumor spread among them that a searching-party had come to carry them off to an uninhabited island of the sea, and they hid themselves, their friends, too, refusing to tell their names or number.—*Med. and Surg. Reporter.*

Chloral in Labor.—Dr. Kane says that chloral may be employed in normal labor for the purpose of blunting sensibility, quieting nervous and hysterical manifestations, shortening labor, and destroying pains. In complicated labor it has three uses—i. e. to relieve pain, to hasten dilatation of the os, and to increase the force of the uterine contractions. Chloral, even when pushed to anesthesia, does not destroy the force of the uterine contractions. The alleged danger of postpartum hemorrhage has no foundation in fact. In moderate doses it is never dangerous. The slight delirium that sometimes occurs is ordinarily removed by a second dose and need cause no alarm. It is rarely necessary to use more than one dram in any one confinement. It is best given by the rectum, in the form of enemata or suppositories.—*Saint Louis Courier of Medicine.*